

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled TREATMENT FOR CENTRAL NERVOUS SYSTEM DISORDERS, the specification of which:

- ☐ is attached hereto.  
☒ was filed on August 29, 2001 as Application Serial No. 09/942,253.  
☐ was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Mark S. Ellinger, Ph.D., Reg. No. 34,812	Richard J. Anderson, Reg. No. 36,732
Ronald C. Lundquist, Ph.D., Reg. No. 37,875	Dorothy P. Whelan, Reg. No. 33,814
H. Sanders Gwin, Jr., Reg. No. 33,242	J. Patrick Finn III, Ph.D., Reg. No. 44,109
M. Angela Parsons, Ph.D., Reg. No. 44,282	Ruffin B. Cordell, Reg. No. 33,487
William D. Hare, Reg. No. 44,739	Monica McCormick Graham, Ph.D., Reg. No. 42,600
James A. Rogers, Reg. No. 37,228	

Address all telephone calls to MARK S. ELLINGER, PH.D. at telephone number (612) 335-5070.

Address all correspondence to MARK S. ELLINGER, PH.D. at:

FISH & RICHARDSON P.C., P.A.  
 60 South Sixth Street  
 Suite 3300  
 Minneapolis, MN 55402

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

**Combined Declaration and Power of Attorney**

Page 2 of 2 Pages

Full Name of Inventor: JOSEPH F. PODUSLO

Inventor's Signature:

*Joseph F. Poduslo*

Date:

*11-7-01*

Residence Address:

Rochester, MN

Citizenship:

U.S.A.

Post Office Address:

5719 St. Mary Drive NW  
Rochester, MN 55901

Full Name of Inventor: GEOFFRY L. CURRAN

Inventor's Signature:

*Geoffry L. Curran*

Date:

*11-7-01*

Residence Address:

Rochester, MN

Citizenship:

USA

Post Office Address:

629 23rd Street NE  
Rochester, MN 55906